Sample Reasonable Accommodation Request Form (Employment)

This form and all information must be kept confidential.

Applicant/Employee Information

Print Full Name: _____

☐ **Job Applicant** ☐ **Current Employee** ☐ **Other**

Home or Work Address: _____

_____

_____

Phone Number: _____

Employee Information

(Complete this section if you currently employed with [EMPLOYER] even if you are currently on leave.)

Title: _____

Email: _____

Office Telephone Number: _____

Division: _____

Supervisor Name and Phone Number: _____

_____

Location: _____

Applicant Information

(Complete this section only if you are a job applicant)

Position/Title Sought: _____

Division/Unit (if known): _____

Location of Position (if known): _____

Part(s) of employment process for which an accommodation is requested: _____

_____

_____

☐ **Completing Job Application**

Job Vacancy Notice Number (if known): _____

Interview: _____

Interview Date: _____

At Work: _____

Other (please specify): _____

_____

_____

[Employer] Contact Person (if known): _____

Phone Number: _____

Identify the limitation(s) that impacts your ability to complete your assigned tasks or complete the application process. Please be specific. (Attach additional sheets of paper if necessary).

Is the condition for which you are requesting an accommodation?

☐ **Permanent** ☐ **Temporary** ☐ **Unknown**

If temporary, anticipated date accommodation(s) no longer needed:

Describe the nature of the accommodation requested and how the accommodation will assist you to perform the essential functions of the job held or desired, or to enjoy the benefits and privileges of employment. Please be specific. (Attach additional sheets and present supporting documentation as appropriate.)

If equipment is requested, please specify preferred brand, model number and vendor, if known.

_____

_____

You may be required to provide verification by a health professional or a disability service provider (e.g. ACCESS-VR, NYS Commission for the Blind and Visually Impaired).

This CONFIDENTIAL documentation should be provided to [identify the individual handling accommodation requests].

Medical verification/documentation should, to the extent possible:

- ✓ Be written on the official letterhead of the qualified health professional or health professional's organization.
- ✓ Identify the health professional's credentials. E.g., M.D., D.O.
- ✓ Be dated and signed by the health professional.
- ✓ Describe the limitations in detail as they currently exist and only in relation to the job.
- ✓ State whether the duration of the limitation is permanent or temporary or unknown.
- ✓ If temporary, specify the date the limitation is expected to no longer require accommodation.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Requestor's Signature/Authorized Agent's Signature:

_____

Date: _____

DO NOT WRITE IN THIS SECTION

To be completed by staff supervising the employment application process or supervising an employee requesting a reasonable accommodation. After completing, supervisors must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the [individual handling accommodation requests].

Name and Title of Supervisor or Staff supervising application process:

_____

Unit/Division: _____

Location: _____

Email and Phone Number: _____

_____

Date Request Received: _____

☐ Supporting Documentation Included: _____

_____

_____

_____

_____

☐ Supporting Documentation Not Included: _____

_____

_____

_____

_____

Date: _____

Signature: _____

To be completed by [xxxx]: _____

Date Request Received by [xxxx]: _____

Date Supporting Documentation Received by [xxxx] (if any):

_____

Signature: _____